

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 2-35 <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:								
Contract Number EP-C-08-010		Contract Period 12/16/2008 To 11/30/2011 Base Option Period Number 2								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Title of Work Assignment/SF Site Name ORD EPA Behavioral Sciences								
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 12/01/2010 To 11/30/2011								
Comments:										
<input type="checkbox"/> Superfund		Accounting and Appropriations Data								
		<input checked="" type="checkbox"/> Non-Superfund								
Note: To report additional accounting and appropriations data use EPA Form 1800-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		\$0.00		LOE:		0		
12/16/2008 To 11/30/2011										
This Action:				\$0.00				1,500		
Total:				\$0.00				1,500		
Work Plan / Cost Estimate Approvals										
Contractor W/P Dated:		12/15/10		Cost/Fee:		\$127,391.00		LOE: 1,500		
Cumulative Approved:				Cost/Fee:		\$127,391.00		LOE: 1,500		
Work Assignment Manager Name Gladys Cobbs-Green						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
Project Officer Name Verla Sutton-Busby						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
Contracting Official Name Renita Tyus						Branch/Mail Code: CP0D				
_____ (Signature)						_____ (Date)				
						Phone Number: 513-487-2094				
						FAX Number: 513-487-2109 Text				